



**APPLICATION FOR LAND GRANT PROJECT ELIGIBILITY**  
(pursuant to Env-Ws 394)

**SUBMIT: ONE COMPLETED APPLICATION WITH SUPPORTING INFORMATION**

**TO:** Holly Green, Program Coordinator  
NHDES/WSEB/Land Grant Program  
29 Hazen Drive, P.O. Box 95  
Concord, NH 03302-0095  
FAX: 271-0656

*Note: Complete a separate Section Two form for each parcel to be protected, including match properties.*

*If you have any questions, please contact the Water Supply Land Grant Program Coordinator, Holly Green at (603) 271-3114 or Sarah Pillsbury at (603) 271-1168.*

**SECTION ONE**

**I. APPLICANT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant status (must be one of the following):

\_\_\_\_ NH municipality (includes village & school districts)

\_\_\_\_ Non-profit organization having water supply as a principal mission (attach copy of IRS tax exempt notification letter)

**II. CONTACT PERSON**

\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**III. DESCRIPTION of the active or proposed Source of Public Drinking Water that will be protected**

US EPA Public Water Supply ID # (if known) \_\_\_\_\_

If ID # is not known, please write a description of the source of public drinking water that will be protected: \_

\_\_\_\_\_  
\_\_\_\_\_

IV. Is this land or conservation easement being purchased from a willing seller in accordance with RSA 486-A:7, II (a)?

—

V. MATCH INFORMATION

- a. Match. List each component of the proposed match, its type (public funds, private funds, donated land or easements by owner, protection costs), its status (whether authorized, received or anticipated), the value of each match component and the total match value:

Match Type/Owner	Match Status	Match Value
		<b>TOTAL \$</b>

(Note: a separate section 2 form needs to be completed for every match parcel)

b. Percent match supplied by applicant \_\_\_\_\_ %

c. What is the source of the grantee's cash contribution? \_\_\_\_\_

d. Will the Drinking Water State Revolving Fund be used? \_\_\_\_\_

If yes, anticipated amount? \_\_\_\_\_

VI. GRANT PARCEL INFORMATION

List all Parcels to be acquired with Grant Funds

Parcel	Funding Amount Sought
<b>TOTAL \$</b>	

(Note: a separate section 2 form needs to be completed for all parcels to be acquired)

VII. LOCAL APPROVAL

- a. Indicate the date when the local governing body of the municipality approved applying for this grant.

\_\_\_\_\_

## **SECTION TWO**

*Complete this section for each separate parcel to be protected, including match properties:*

a. Identify the total number of Section Two forms being completed for the project \_\_\_\_\_

**I. PARCEL INFORMATION:**

a. Identify if this Section Two form is being completed for: A parcel to be acquired with grant funds \_\_\_\_\_

A parcel that will be part of the required match \_\_\_\_\_

b. Location of the Parcel or Topographic Map

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Lot # \_\_\_\_\_

Deed Reference: Book \_\_\_\_\_ Page \_\_\_\_\_

c. Acreage of the Parcel: \_\_\_\_\_ acres

d. Acreage Proposed for Protection (specify if separate parcels): \_\_\_\_\_ acres

**Include a sketch of: a) source water protection area; b) parcel; and, c) area proposed for protection (if different) on a USGS topographic map or on your municipal drinking water resource map.**

e. Description of the Water Supply and Conservation Values and Uniqueness

---

---

---

---

f. List all structures, impoundments, disturbances, and any known or potential contamination sources on the property: \_\_\_\_\_

g. Describe current land cover and use: \_\_\_\_\_

h. Proposed transaction type: Full Ownership (Fee Simple) \_\_\_\_\_

Conservation Easement \_\_\_\_\_

i. Proposed grantee of land or easement \_\_\_\_\_

j. Assessed value of land or easement proposed for protection \$ \_\_\_\_\_

k. Estimated fair market value \$ \_\_\_\_\_

l. Funding request from DES for this parcel \$ \_\_\_\_\_

Eligibility Application

**CERTIFICATION STATEMENTS**

**APPLICANT:**

To the best of my knowledge, the data and information which I have submitted to qualify for the grant from the New Hampshire Department of Environmental Services are true and correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Applicant (or authorized agent)

Name and Title: \_\_\_\_\_

**LANDOWNER(S):**

Based on the data and information submitted herein, I acknowledge my willingness to enter into negotiations for the acquisition of this property and certify that all liens and encumbrances on the property are listed below:

Liens and Encumbrances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Landowner(s)

Note: This statement shall be deemed confidential under the provisions of RSA 91-A:5, IV and shall not be disclosed to any party other than necessary department staff without the written consent of the applicant, until such time that the grant application has been selected for grant funding.